



PTO/SB/17 (06-07)

Approved for use through 06/30/2007. OMB 0651-0032

U.S. Patent and Trademark Office; U.S. DEPARTMENT OF COMMERCE

Under the Paperwork Reduction Act of 1995, no person are required to respond to a collection of information unless it displays a valid OMB control number.

|   |  |                          |                        |
|---|--|--------------------------|------------------------|
| <b>Effective on 12/08/2004.</b><br><b>Fees pursuant to the Consolidated Appropriations Act, 2005 (H.R. 4818).</b> |  | <b>Complete if Known</b> |                        |
| <b>FEE TRANSMITTAL</b><br><b>For FY 2007</b>  |  | Application Number       | 10/718,487-Conf. #8441 |
|   |  | Filing Date              | November 20, 2003      |
|   |  | First Named Inventor     | George G. Barclay      |
|   |  | Examiner Name            | R. L. Schilling        |
|   |  | Art Unit                 | 1752                   |
| <input type="checkbox"/> Applicant claims small entity status. See 37 CFR 1.27                                    |  | Attorney Docket No.      | 51854(70329)           |
| <b>TOTAL AMOUNT OF PAYMENT</b>  |  | <b>(\$)</b>              | <b>1,810.00</b>        |

**METHOD OF PAYMENT** (check all that apply)

|  |   |                                      |                               |   |
|--|---|--------------------------------------|-------------------------------|---|
| <input type="checkbox"/> Check   | <input type="checkbox"/> Credit Card  | <input type="checkbox"/> Money Order | <input type="checkbox"/> None | <input type="checkbox"/> Other (please identify): _____ |
| <input checked="" type="checkbox"/> Deposit Account  | Deposit Account Number: <u>04-1105</u> Deposit Account Name: <u>Edwards Angell Palmer &amp; Dodge LLP</u> |                                      |                               |   |
| For the above-identified deposit account, the Director is hereby authorized to: (check all that apply)                 |   |                                      |                               |   |
| <input checked="" type="checkbox"/> Charge fee(s) indicated below  | <input type="checkbox"/> Charge fee(s) indicated below, except for the filing fee                         |                                      |                               |   |
| <input checked="" type="checkbox"/> Charge any additional fee(s) or underpayments of fee(s) under 37 CFR 1.16 and 1.17 | <input checked="" type="checkbox"/> Credit any overpayments   |                                      |                               |   |

**FEE CALCULATION****1. BASIC FILING, SEARCH, AND EXAMINATION FEES**

| Application Type | FILING FEES |                       | SEARCH FEES |                       | EXAMINATION FEES |                       | Fees Paid (\$) |
|------------------|-------------|-----------------------|-------------|-----------------------|------------------|-----------------------|----------------|
|                  | Fee (\$)    | Small Entity Fee (\$) | Fee (\$)    | Small Entity Fee (\$) | Fee (\$)         | Small Entity Fee (\$) |                |
| Utility          | 300         | 150                   | 500         | 250                   | 200              | 100                   |                |
| Design           | 200         | 100                   | 100         | 50                    | 130              | 65                    |                |
| Plant            | 200         | 100                   | 300         | 150                   | 160              | 80                    |                |
| Reissue          | 300         | 150                   | 500         | 250                   | 600              | 300                   |                |
| Provisional      | 200         | 100                   | 0           | 0                     | 0                | 0                     |                |

**2. EXCESS CLAIM FEES**

| Fee Description                                    | Fee (\$) | Small Entity Fee (\$) |
|--|----------|-----------------------|
| Each claim over 20 (including Reissues)            | 50       | 25                    |
| Each independent claim over 3 (including Reissues) | 200      | 100                   |
| Multiple dependent claims                          | 360      | 180                   |

  

|  |                     |                 |                      |                                      |
|--|---------------------|-----------------|----------------------|--------------------------------------|
| <u>Total Claims</u>  | <u>Extra Claims</u> | <u>Fee (\$)</u> | <u>Fee Paid (\$)</u> | <u>Multiple Dependent Claims</u>     |
| _____ - 20 = _____   | x _____             | = _____         |                      | <u>Fee (\$)</u> <u>Fee Paid (\$)</u> |
| HP = highest number of total claims paid for, if greater than 20.      |                     |                 |                      |                                      |
| <u>Indep. Claims</u>   | <u>Extra Claims</u> | <u>Fee (\$)</u> | <u>Fee Paid (\$)</u> |                                      |
| _____ - 3 = _____  | x _____             | = _____         |                      |                                      |
| HP = highest number of independent claims paid for, if greater than 3. |                     |                 |                      |                                      |

**3. APPLICATION SIZE FEE**

If the specification and drawings exceed 100 sheets of paper (excluding electronically filed sequence or computer listings under 37 CFR 1.52(e)), the application size fee due is \$250 (\$125 for small entity) for each additional 50 sheets or fraction thereof. See 35 U.S.C. 41(a)(1)(G) and 37 CFR 1.16(s).

|                     |                     |   |                 |                      |
|---------------------|---------------------|---|-----------------|----------------------|
| <u>Total Sheets</u> | <u>Extra Sheets</u> | <u>Number of each additional 50 or fraction thereof</u> | <u>Fee (\$)</u> | <u>Fee Paid (\$)</u> |
| _____ - 100 = _____ | /50 = _____         | (round up to a whole number) x _____                    | = _____         |                      |

**4. OTHER FEE(S)**

|   |  |
|---|--|
| Non-English Specification, \$130 fee (no small entity discount) |  |
| Other (e.g., late filing surcharge):                            | <u>1253 Extension for response within third month</u> <u>1,020.00</u>          |
|   | <u>1801 Request for continued examination (RCE) (see 37 ...)</u> <u>790.00</u> |

|                     |                  |                                   |                |
|---------------------|------------------|-----------------------------------|----------------|
| <b>SUBMITTED BY</b> |                  |                                   |                |
| Signature           |                  | Registration No. (Attorney/Agent) | 33,860         |
| Name (Print/Type)   | Peter F. Corless | Telephone                         | (617) 517-5557 |
|                     |                  | Date                              | June 28, 2007  |



Application No. (if known): 10/718,487

Attorney Docket No.: 51854(70329)

## Certificate of Express Mailing Under 37 CFR 1.10

I hereby certify that this correspondence is being deposited with the United States Postal Service as Express Mail, Airbill No. EV970588702US in an envelope addressed to:

MS RCE  
Commissioner for Patents  
P.O. Box 1450  
Alexandria, VA 22313-1450

on June 28, 2007  
Date

Signature

Lynn Marcus

Typed or printed name of person signing Certificate

Registration Number, if applicable

(617) 239-0100

Telephone Number

Note: Each paper must have its own certificate of mailing, or this certificate must identify each submitted paper.

Fee Transmittal (1 page)

Petition for Extension of Time (1 page)

Request for Continued Examination (RCE) Transmittal (1 page)

Amendment (6 pages)

Charge \$1,810.00 to deposit account 04-1105